

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **83**

Primary Registration District No. **4145**

Registrar's No. **10**

63-031771

1. PLACE OF DEATH

a. COUNTY

Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Prairie Home**

Length of stay in 1b
2 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cooper

Inside Limits

Yes ☒ No ☐

c. CITY
OR TOWN

Prairie Home

d. STREET
ADDRESS

(If outside, give location)
Gen. Del.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last
HERMAN AUGUST WILLIAM KAISER

4. DATE OF DEATH

Month Day Year

August 14, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married

☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/30/88

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ret. farmer

10b. KIND OF BUSINESS OR INDUSTRY

agriculture

11. BIRTHPLACE (City and state or country)

Cooper County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Herman Kaiser

13b. MOTHER'S MAIDEN NAME

Louise Heckermann

14. NAME OF HUSBAND OR WIFE

Anna Oerly

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Herman Kaiser

Address

Prairie Home,

18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**Cerebral Apoplexy
Arterio-sclerosis**

INTERVAL BETWEEN ONSET AND DEATH

2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a)

Arterio-sclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **April 160** to **8/14/63** and last saw him alive on **8/14/63**
Death occurred at **7:10 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

M. L. Decker **Boonville Mo** **8/14/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

Aug. 16/63

23c. NAME OF CEMETERY OR CREMATORY

Walnut Grove Cem.

23d. LOCATION (City, town, or county)

Boonville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hornbeck-Thacher **Prairie Home**

25. DATE RECD. BY LOCAL REG.

Aug 16, 1963

26. REGISTRAR'S SIGNATURE

Virginia T. Higgins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 **0270**

2 **0270**

3 **2**

4 **0**

5 **1**

6 **0**

7 **0**

8 **0**

9 **334X**

10 **0**

11 **0**

12 **98-0**

13 **2-0**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Berry W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.